

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000010192**

1. Corporation Name

D'LAND HOLDING CO., INC

2. Principal Office Address

9400 GLADIOLOUS DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33908

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/02/1999

5. FEI Number

651083152

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

RECEIVED MAY 12 2005

7. Name and Address of Current Registered Agent

Name

GEORGE R. TOMASI

Street Address (P.O. Box Number is Not Acceptable)

9400 GLADIOLOUS DR

Suite, Apt. #, Etc.

#100

City

FORT MYERS

State

FL

Zip Code

33908

500054680415
05/17/05 01055 017 1206 75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

George R. Tomasi

Date

4/14/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Daniel T. Tomasi	9400 GLADIOLOUS DR, #100	Fort Myers, FL 33908
D	George R. Tomasi	9400 GLADIOLOUS DR, #100	Fort Myers, FL 33908

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

George R. Tomasi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/05

Daytime Phone #

CR2E081 (01/05)